S. No. 300
M—10-47
v. 5-17-39
I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 25 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29719

Registrar's No. 3273

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1206 East 14 St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 40 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1206 East 14 St.
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ernest Robert Dedrick

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Dedrick

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec. 31, 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Interior Decorator

11. Industry or business Self-

FATHER
12. Name Dedrick
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Lillian Dedrick

(b) Address 1206 East 14 St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 Brooklyn Kas. City Mo.

19. (a) 9-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11 year 1948 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from Crown, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Hypertrophied heart	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 96	
Major findings: Of operations:	
Of autopsy: yes as above	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Jewell Walker (M. D. or other) Crown

Address 1424 Agnes KCMO Date signed 9-14-48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Dean Owens

Licensed Embalmer No. 4280

P. O. Address K. C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.